

HISTORY FACILITY PROFILE

MANOR CARE OF SOUTH OGDEN PROVIDER #: 465117 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 5540 SOUTH 1050 EAST PHONE NUMBER: (801) 479-8455 TOTAL: 140
 OGDEN UT 84405 PARTICIPATION DATE: 12/16/1987 CERTIFIED: 110 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 06/19/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 110			
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TOTAL:	97	ADMISSION SUSPENDED:		18	18/19	19	ICF/MR
MEDICARE:	24	SUSPENSION RESCINDED:		--	----	--	-----
MEDICAID:	47				35	75	
OTHER:	26						

CURRENT SURVEY REVISIT DATES - 09/17/2002

PRIOR 3 SURVEY 11/1998	S/S CODE	PRIOR 2 SURVEY 02/2000	S/S CODE	PRIOR 1 SURVEY 04/2001	S/S CODE	CURRENT SURVEY 06/19/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
		X	D						REQ F0156-INFORM RES OF SERVICES/CHARGES/LEGAL RGTS/ETC
X	D								REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
X	D					X C	D	08/11/2002	REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
X	E								REQ F0241-DIGNITY
						X C	D	08/11/2002	REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
						X C	B	08/11/2002	REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING
						X C	G	08/11/2002	REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
						X C	G	08/11/2002	REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
X	D								REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
		X	D						REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
		X	E						REQ F0362-SUFFIC SUPPORT PERSONNEL FOR DIETARY SERVICES
		X	E						REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
		X	E						REQ F0367-THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN
				X	E				REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
		X	E			X C	D	08/11/2002	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
						X C	D	08/11/2002	REQ F0444-WASH HANDS WHEN INDICATED
						X C	D	08/11/2002	REQ F0463-RESIDENT CALL SYSTEM
X	E								REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
									REQ F0518-TRAIN EMPLOYEES, EMERGENCY PROC/DRILLS

EDITION OF LSC APPLIED

85 NEW PRIOR 3 SURVEY 11/1998	85 NEW PRIOR 2 SURVEY 12/1999	85 NEW PRIOR 1 SURVEY 03/2001	85 NEW CURRENT SURVEY 06/19/2002	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
			X C	08/18/2002	K0011-COMMON WALL
X	X		X C	08/18/2002	K0018-CORRIDOR DOORS
		X			K0025-SMOKE PARTITION CONSTRUCTION
X					K0038-EXIT ACCESS
		X			K0046-EMERGENCY LIGHTING
		X			K0050-FIRE DRILLS
	X				K0054-SMOKE DETECTOR MAINTENANCE
			X N		K0056-AUTOMATIC SPRINKLER SYSTEM
			X C	08/18/2002	K0064-PORTABLE FIRE EXTINGUISHERS
X					K0072-FURNISHING AND DECORATIONS
X			X C	08/07/2002	K0076-MEDICAL GAS SYSTEM
X		X			K0130-OTHER

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	8	1	6	5
HEALTH TOTAL	8	1	6	5
LIFE SAFETY CODE	5	4	2	5
LIFE SAFETY CODE + HEALTH	13	5	8	10

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
02/20/2002	UNSUBSTANTIATED
07/17/2002	UNSUBSTANTIATED
10/28/2002	UNSUBSTANTIATED
11/13/2002	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT